

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 4960

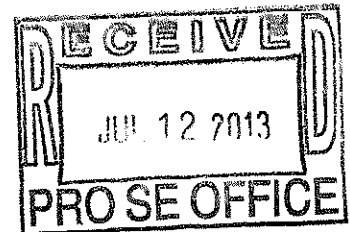
REGINALD ADAM HAMMOND II

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

- (2) "NYTOYA DIOR WILSON"
 (1) "DEEDEE "BERNARD""
 FES-EX
 MYSPACE, HBCU CONNECT, BLACK PLANET
 FACEBOOK
 YAHOO
 (5) "COWYN GIMSTAVE"
 (3) "CAYCE J. THOMAS" / "CAYCE J. STRONG"
 (6) "KACEY FLANIGAN"
 (4) "SHANNIS RAY WARD"

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Reginald Adam Hammond II
 Street Address P.O. Box 386
 County, City "NASSAU", LEVITTOWN
 State & Zip Code NEW YORK, 10756
 Telephone Number 516-770-2673

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name "NYTOYA DIOR WILSON"
 Street Address ?

County, City "CHICAGO/ALABAMA/ATLANTA"
 State & Zip Code ILLINOIS, "ALABAMA COLLEGE", GA
 Telephone Number "708-415-4045?"

Defendant No. 2 Name "DEESEE" "BERNARD"/"BARBER"
 Street Address ?
 County, City MILLEDGEVILLE, ?
 State & Zip Code GA, CALIFORNIA
 Telephone Number ?

Defendant No. 3 Name "CAYCE J. STRONG" - "THOMAS"
 Street Address _____
 County, City ~~GA~~ LAST KNOWN: CLAYTON, COLLEGE PARK
 State & Zip Code GA
 Telephone Number LAST KNOWN: 770-377-8943

Defendant No. 4 Name "SHANNISY RAY WARD"
 Street Address MACY'S HAS IT
 County, City _____
 State & Zip Code GA
 Telephone Number ? ON TELEPHONE NUMBER 502-500-0067

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? GERM WARFARE

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship NEW YORK

Defendant(s) state(s) of citizenship NO "I.A." KNOWN OR SEEN.

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? GA - "NORTH CAROLINA" - BOSTON

B. What date and approximate time did the events giving rise to your claim(s) occur? 2003-2012

C. Facts: BASIS OF REMOVAL OF JUDGE'S DECISION. YET UNKNOWN CASES THAT COULD POTENTIALLY BE ARBITRATED BASED ON KNOWN CONTRACT. "LAW SUIT PENDING" YET U of L, WHEN SENT BY OWN ACCORD, ASK THEM IF ANYTHING IN BLOOD STREAM PRESENT THAT SHOULD HAVE, U of L STATED NO YET UPON EVALUATION, PSYCHE "FOOD" & VIDEO WILL STATE OTHERWISE. HIPAA IS AT QUESTION. CENTRAL STATE ALSO FOLLOWED WITH FOOD AND VIDEO. YET MS. GASTAUE) ADDED SUFFERING WITH SHANNDY DELIBERATELY FOLLOWING SUIT WITH "DEEDCEE, NYTOYA, CAYCE, & KACEY" McDONALD'S CONTRACT WAS PRESENTED AT U of L HOSPITAL, YET "ASHLEY - ATLIEN - ON BLACK PLANET SEEMED TO KNOW SOMETHING PERTAINING TO CASE." AND PERTAINING TO CONTRACT "TARA CROMER" FOLLOWED SUIT WITH NYTOYA WILSON. YET "BRUCE MORRIS" WAS ASSOCIATED WITH SHANNDY "JEFFERY CINEUS" AND "SHANNDY SMITH" KNOWS THE CASE AS WELL ALONG WITH "LEE STAGATA JR."

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. PSYCHE EVALUATION, OVER-MEDICATED, PIGMENT REMOVAL.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. PAIN & SUFFERING

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff _____

Mailing Address _____

Telephone Number _____

Fax Number (if you have one) _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this ____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____